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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 072874.0113	
	In re Application of Bruce M. Cameron et al.		
	Application Number 09/444.459		Filed 11/22/1999
	For Methods and Compositions for * see attached		
	Group Art Unit 1627		Examiner Leary, Louise N.
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, <u>4/8/2003</u>, rejecting the following claims: <u>56, 60-67, 69, 70, 76, 78, and 81-85</u></p>			
<p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>320</u></p>			
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>160</u></p>			
<p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p>			
<p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>			
<p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p>			
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-2148</u>. I have enclosed a duplicate copy of this sheet.</p>			
<p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>			
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>			
<p>I am the</p>			
<p><input type="checkbox"/> applicant/inventor.</p>			
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p>			
<p><input checked="" type="checkbox"/> attorney or agent of record. PTO Reg No. 46,861</p>			
<p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p>			
		 Signature	
		Michelle M. LeCointe Typed or printed name	
		July 8, 2003 Date	
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below*.</p>			
<p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			

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BAKER BOTTS LLP

Attorney Docket Number:

072874.0113

Title: Methods and Compositions for Pain Management

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